DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445439	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/28/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT JULIET HEALTH CARE CENTER	2650 NORTH MT JULIET ROAD MOUNT JULIET, TN 37122

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K 022 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain 1 of the 2 exit signs located in the kitchen. The finding included: 1. Observation the kitchen on 7/28/14 at 1:13 PM, revealed the exit sign leading into the dinning room was not illuminated. Nation Fire protection association (NFPA) 101, 7.10.5.1 (2000 Edition) 2. Observation on 7/28/2014 at approximately 12:52 PM, revealed the exit sign near room 113 had a burned out bulb. NFPA 101, 7.10.5.1 (2000 Edition) These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 7/28/14.	K 022	**K 022 SS=D** **NFPA 101 LIFE SAFETY CODE STANDARD** **Requirement:** Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. **Corrective Action:** 1. Maintenance Director replaced light bulbs in the exit sign leading into the dining room. Maintenance Director replaced light bulb in the exit sign near room 113. Both completed 8/15/14. 2. Maintenance Director checked all other exit signs to make sure illumination was visible. 8/15/14 3. Maintenance Director will make weekly rounds to make sure all exit signs are illuminating properly. 4. Administrator and Maintenance Director will make monthly rounds to make sure all exit signs are illuminating properly. Administrator will review procedure at monthly safety meeting. **Completion Date: 8/15/14.**	
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at	K 025	**K025 SS=F** **NFPA 101 LIFE SAFETY CODE STANDARD**	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Administrator 8/14/14

ıy deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days lowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ɔgram participation.

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K 025	Continued From page 1 least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain 3 of the 3 smoke/fire barriers. The findings included: 1. Observation on 7/28/14 at 10:10 AM, revealed a penetration in the 400 corridor smoke/ fire wall located above the fire doors next to the assistant director of nursing office. National Fire Protection Association (NFPA) 101, 7.8.3.6.1 (2000 Edition) 2. Observation on 7/28/14 at 10:11 AM, revealed the end of a condult was not sealed in the 300 corridor smoke/ fire wall located above the fire doors next the nurses station. NFPA 101, 7.8.3.6.1 (2000 Edition) 3. Observation on 7/28/14 at 10:17 AM, revealed a penetration in the 100 corridor smoke/ fire wall located above the fire doors. NFPA 101, 7.8.3.6.1 (2000 Edition) These findings were verified by the maintenance	K 025	**Requirement:** Smoke barriers are constructed to provide at least one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provide on each floor. Dampers are not required induct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. **Corrective Action:** 1. Maintenance Director sealed penetrations with approved fire rated caulk in the 400 corridor smoke/fire wall near the ADON office, in the 300 corridor smoke/fire wall above the fire door next to the nurses' station, and In the 100 corridor smoke/fire wall located above the fire doors. Completed on 8/15/14. 2. Maintenance Director did an audit of recent construction projects in building to make sure no other violations of penetrations were found. 3. Maintenance Director will make monthly rounds to make sure penetrations are secure and no other penetrations have occurred.	

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K 025	Continued From page 2 director during the survey and acknowledged by the administrator during the exit conference on 7/28/14.	K 025	4. Administrator and Maintenance Director will review monitoring at monthly safety meeting. **Completion Date: 9/1/14**	
K 029 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to protect the hazardous areas. The finding included: Observation of the water heater room on 7/28/14 at 10:48 AM, revealed the fire door's self closing device, door handle, and door latch were removed. National Fire Protection Association (NFPA) 80, 15-1.2 (1998 Edition) This finding was verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 7/28/14.	K 029	**K 029 SS=F** **NFPA 101 LIFE SAFETY CODE STANDARD** **Requirement:** **One hour fire rated construction (with ¾ hour fire rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted.** **Correction Action:** 1. Maintenance Director replaced latch with auto locking latch. Maintenance Director replaced door closer on 8/15/14. 2. Maintenance Director checked other potential hazard areas for managed accessibility on 8/15/14. 3. Maintenance will make weekly rounds on all auto locking latches to ensure sure compliance.	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 038		

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K 038	Continued From page 3 Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the exit access. The finding included: Observation east dinning room's exit room 7/28/14 at 1:40 PM, revealed the exit door was sticking to the top of the frame, requiring more then 15 lbs of force to open the door. National Fire Protection Association (NFPA) 101, 7. 5.3.1 (2000 Edition) This finding was verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 7/28/14.	K 038	4. Administrator and Maintenance Director will review monitoring at monthly safety meeting. **Completed 8/15/14** **K 038 SS=E** **NFPA 101 LIFE SAFETY CODE STANDARD** **Requirement:** **Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1** **Corrective Action:** 1. Maintenance Director removed the unused mechanical door stop 8/12/14. 2. Maintenance Director will remove remaining mechanical stops from all facility exit doors by 8/15/14. 3. Maintenance Director will monitor weekly exit door accessibility to ensure proper functioning. Administrator and Maintenance Director will check exit doors during fire drill monthly to ensure proper functioning. 4. Administrator and Maintenance Director will review monitoring at monthly safety meeting. **Completed 9/1/14.**	
K 061 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: Based on observations and records review, it	K 061	**K 061 SS=E** **NFPA LIFE SAFETY CODE STANDARD**	

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K 061	Continued From page 4 was determined the facility failed to supervised 4 control values located in the sprinkler system. The findings included: 1. Observation on 7/28/14 at 10:50 AM, revealed the # 2 post indicating value (PIV) located next to the back flow preventer was not supervised. National Fire Protection Association (NFPA) 72, 2-9.1 (1999 Edition) 2. Observation on 7/28/14 at 10:51 AM, revealed the back flow preventer (2) control values were not supervised. NFPA 72, 2-9.1 (1999 Edition) 3. Records review on 7/28/14 at 1:30 PM, revealed the following deficiency was noted but not corrected on the sprinkler report dated 1/23/14: Temper on PIV (#1) does not report to panel but it does have a lock on it. NFPA 72, 2-9.1 (1999 Edition) These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 7/28/14.	K 061	**Requirement:** **Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed.** **Corrective Action:** 1. Maintenance Director contacted North Star Fire & Alarm Company on repair and instillation of PIV Supervisory Circuit on 8/13/14. 2. North Star Fire & Alarm Company will ensure compliance with state regulations regarding automatic sprinkler system that will alert staff and monitoring service of potential malfunction. 3. North Star will perform quarterly and annual inspections to ensure proper functioning. 4. Administrator and Maintenance Director will keep inspections on file. **Completion Date: 9/12/14**	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations, it was determined the	K 062	**K 062 SS=F** **NFPA 101 LIFE SAFETY CODE STANDARD** **Requirement:** **Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.** **Corrective Action:**	

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K 062	Continued From page 5 facility failed to maintain the sprinkler system The findings included: 1. Observation of the spare sprinkler cabinet on 7/28/14 at 10:50 AM, revealed there were no sprinkler special wrenches provided for each type of sprinkler. National Fire Protection Association (NFPA) 13, 3-2.9.2 (1999 Edition) 2. Observation on 7/28/14 at 10:51 AM, revealed the sprinkler riser room's heater was not secured and was hanging from the electrical conduit. NFPA 70, 110-12 (1999 Edition) 3. Observation on 7/28/2014 at approximately 12:03 PM, revealed corroded sprinkler heads in the following areas: three (3) corroded sprinkler heads in the employee breakroom hallway and one (1) in the soiled laundry room. NFPA 25, 2-2.1.1 (1998 Edition) 4. Observation on 7/28/2014 at approximately 12:04 PM, revealed sprinkler heads were covered with foreign material in the following areas: soiled laundry room, dryer lint room, and the charting room. NFPA 25, 2-2.1.1 (1998 Edition) These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 7/28/14.	K 062	1. Maintenance Director contacted North Star Fire & alarm to order replacement sprinkler wrenches on 8/13/14. Maintenance Director contacted North Star Fire & Alarm for replacement of corroded sprinkler heads and cleans and/or replaces dirty sprinkler heads. 2. North Star Fire & Alarm will perform quarterly and annual inspections to ensure proper functioning and integrity of sprinkler heads. 3. Maintenance Director will replace and remount the sprinkler riser room's heater by 9/13/14. 4. Administrator and Maintenance Director will keep inspections on file. **Completion Date: 9/12/14**	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064	**K 064 SS=D** **NFPA 101 LIFE SAFETY CODE STANDARD** **Requirement:** **Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1.**	

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K 064	Continued From page 6 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain fire extinguishers. The finding included: Observation on 7/28/2014 at approximately 12:11 PM, revealed a damaged fire extinguisher next to Assistant DON room. National Fire Protection Association (NFPA) 10, 4-3.3 (1998 Edition) This finding was verified by the administrator and the maintenance director during the exit conference on 7/28/2014.	K 064	**Corrective Action:** 1. Maintenance Director called American Fire & Safety and replace damaged fire extinguisher on next to ADON office on 8/12/14. 2. Maintenance Director did a full audit on all fire extinguishers to ensure undamaged extinguishers on 8/15/14. 3. Maintenance Director will do a monthly audit on fire extinguishers monthly when doing monthly pressure checks to ensure undamaged fire extinguishers. 4. Administrator and Maintenance Director will review procedure at monthly safety meeting. **Completion Date: 9/12/14**	
K 069 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observations and an interview, it was determined the facility failed to protect the cooking facilities. The findings included: 1. Observation on 7/28/14 at 11:00 AM, revealed the kitchen hood exhaust fan located on the roof had exposed electrical wires pull away from the conduit. National Fire Protection Association (NFPA) 70, 110-12 (1999 Edition) 2. Observation of the kitchen on 7/28/14 at 1:10	K 069	**K 069 SS=E** **NFPA 101 LIFE SAFETY CODE STANDARD** **Requirement:** **Cooking facilities are protected in accordance with 9.2.2.** **Corrective Action:** 1. Maintenance Director replaced wiring casing with undamaged conduit on 8/15/14. Maintenance Director will post instructions for Manuel operation of hood/fire extinguisher system on 8/15/14. Maintenance Director will post signage indicating type and use of K Type extinguisher in kitchen above extinguisher on 8/20/14.	

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K 069	Continued From page 7 PM, revealed there were no Instructions for manually operating the kitchen's hood fire-extinguishing system posted conspicuously in the kitchen. Interview with kitchen staff member #1 at 1:11 PM, revealed that staff member #1 did not know how to manually operate the kitchen's hood fire extinguishing system. The instructions and shall be reviewed periodically by the employees. NFPA 96, 8-1.4 (1998 Edition) 3. Observation of the kitchen on 7/28/14 at 1:12 PM, revealed there was no placard identifying the use of the K type fire extinguisher as a secondary backup means to the automatic fire suppression system. The placard shall be conspicuously placed near each portable K type fire extinguisher in the cooking area. NFPA 96, 7-2.1.1 (1998 Edition) These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 7/28/14.	K 069	2. Maintenance Director inspected all units on rooftop to ensure no exposed wiring 8/15/14. Maintenance Director will in-service dietary staff on 8/15/14 on Manuel operation of extinguishing system. 3. Maintenance Director will do monthly rooftop wire inspections to ensure no wiring exposure. Maintenance Director will do a monthly in-service on Manuel operation of extinguishing system. 4. Administrator and Maintenance Director will review procedure(s) at monthly safety meeting for six months. **Completion Date: 9/12/14**	
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to have a precautionary sign posted where oxygen was being stored. The finding included:	K 141	**K 141 SS=D** **NFPA 101 LIFE SAFETY CODE STANDARD** **Requirement:** **Non-smoking and no smoking signs in areas where oxygen issued or stored are in accordance with 19.3.2.4** **Corrective Action:** 1. Maintenance Director posted precautionary signage for oxygen storage on 8/22/14 at break room entrance.	

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K 141	Continued From page 8 Observation on 7/28/2014 at approximately 11:59 AM, revealed oxygen stored in the employee break room with no precautionary sign posted on the door. Nation Fire protection association (NFPA) 99, 8.6.4.2 (1999 Edition) This finding was verefied by the administrator and the maintenance director during the exit conference on 7/28/2014.	K 141	2. Maintenance Director audited facility to make sure no other was used for oxygen storage on 8/15/14. 3. Maintenance Director will review monthly to ensure precautionary signage is in place. 4. Administrator and Maintenance Director will review to ensure compliance at monthly safety meeting for six months. **Completion Date 9/12/14**	
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the emergency power supply system (EPSS). The finding included: Observation of the main electrical room room on 7/28/14 at 10:47 AM, revealed there was no emergency lighting with battery back-up installed in the room. Nation Fire protection association (NFPA) 110, 5-3.1 (1999 Edition) This finding was verified by the maintenance	K 144	**K 144 SS=D** **NFPA 101 LIFE SAFETY CODE STANDARD** **Requirement:** **Generators are inspected weekly and exercised under load 30 minutes per month in accordance with NFPA 99.** **Corrective Action:** 1. Maintenance Director will install battery backup emergency light in electrical room on 8/22/14. 2. Maintenance Director reviewed other emergency lights to ensure proper functioning on 8/15/14. 3. Maintenance Director will review monthly to ensure proper functioning of battery backup of emergency lights. 4. Administrator and Maintenance Director will review to ensure compliance at monthly safety meeting for six months. **Completion Date 9/12/14.**	

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K 144	Continued From page 9 director during the survey and acknowledged by the administrator during the exit conference on 7/28/14.	K 144		
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on an interview, it was determined the facility failed to maintain the electrical equipment The finding included: Interview with the maintenance director 7/28/14 at 1:45 PM, revealed the facility was not conducting the required annual retention force test of the grounding blade of each electrical receptacle located in the patient care areas. Nation Fire protection association (NFPA) 99, 3-3.3.3 (1999 Edition) This finding was verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 7/28/14.	K 147	**K 147 SS=D** **NFPA 101 LIFE SAFETY CODE STANDARD** **Requirement:** **Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2.** **Corrective Action:** 1. Maintenance Director will acquire retention force test tool to test electrical outlets in patient care areas on 9/1/14. 2. Maintenance Director will test facility outlets and replace upon failure to meet acceptable measurements by 9/12/14. 3. Maintenance Director will test annually using the retention force test tool all electrical outlets in patient care areas. 4. Administrator and Maintenance Director will review to ensure compliance at monthly safety meeting for 1 year. Completion **Date: 9/12/14**	